FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1			ORGANIZATION						
		(See instructions)						Office use only	
1. NAME COMM	OF MITTEE (i	n full)		(Check if name is changed)		mple: If typying, type the lines	12FE4W	15	
AME	RICAN F	увыс і	POWER AS	SOCIATION, I	PUBLIC C	OWNERSHIP OF ELI	ECTRIC RE	SOUR-	
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(Che	eck if addre	ss	SUIT	E 1200					
,	is changed)		WASHINGTON DC 20009 -						
					CITY		STATE	ZIP CODE ▲	
COMMITT	EE'S E-M	AIL ADDR		provide only one		ess)			
,	eck if addre anged)	ss	mcha I I	ndler@appan	et.gov				
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2. DATE		2	01 / Y	2009					
3. FEC II	DENTIFIC	ATION N	JMBER		C COC)161570			
4. IS TH	IS STATE	MENT	X NEW	(N) OR		AMENDED (A)			
I certify that	I have exa	mined this \$	Statement and	to the best of my kr	nowledge ar	nd belief it is true, correct a	nd complete		
Type or Pri	int Name o	f Treasure	er N	lichelle Lynn (Chandler				
Signature o	of Treasur	er El <u>ec</u>	tronically Filed	by Michelle	Lynn Ch	andler	Date M	2 0 0 1 Y 2 0 0 9	
NOTE: Subi	mission of	false, erron				he person signing this Stat		enalties of 2 U.S.C. §437g.	
	Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	